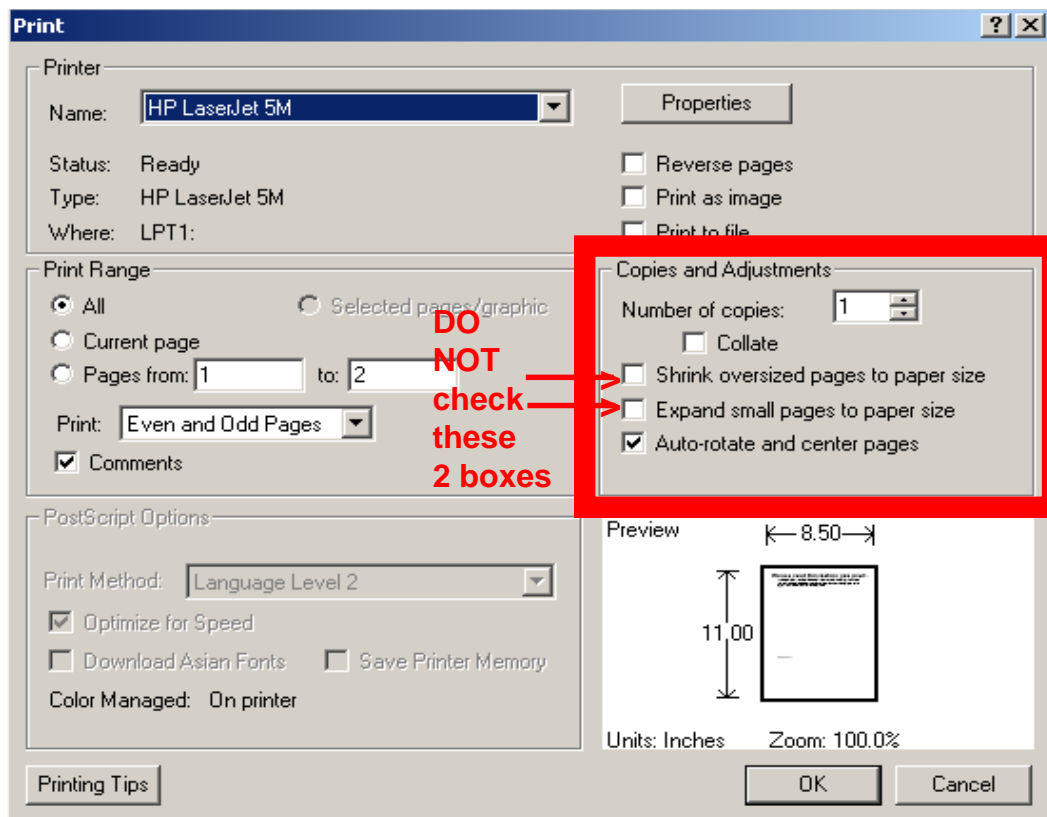


Please read this before you print.

To print applications correctly, it is important to set up your print request as shown below. In the Adobe Acrobat Print dialog box, you must check the box “Auto-rotate and center pages.” Do **not** check the Shrink or Expand boxes.



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Health Professions Quality Assurance
P.O. Box 1099
Olympia, WA 98507-1099

A. Contents:

Dental Hygiene Expanded Functions Application Packet

1. 645-139 .. Contents List/SSN Information/Deposit Slip 1 page
2. 645-140 .. Approval of Dental Hygiene Expanded Functions Education Program—Instructions 2 pages
3. 645-087 .. Application for Approval of Dental Hygiene Expanded Functions Education Program ... 2 pages
4. 645-091 .. Self Study Guide for the Approval of an Expanded Functions Dental Hygiene Education Program 15 pages

B. Important Social Security Number Information:

- * Federal and state laws require the Department of Health to collect your Social Security Number before your professional license can be issued. A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted. If you submit an application but do not provide your Social Security Number, you will not be issued a professional license and your application fee is not refundable.
- * Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 42 USC 666, RCW 26.23 and WAC 246-12-340.

C. In order to process your request:

1. Complete the Deposit Slip below.
2. Cut Deposit Slip from this form on the dotted line below.
3. Send application with check and Deposit Slip to **PO Box 1099, Olympia, WA 98507-1099.**



Cut along this line and return the form below with your completed application and fees.



Dental Hygiene Expanded Functions

DEPOSIT SLIP

NAME (Please Print)

DATE

Revenue Section
P.O. Box 1099
Olympia, Washington 98507-1099

Please note amount enclosed, and return with your application.

\$

- ☐ Check
☐ Money Order

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH



Application for Approval of Dental Hygiene Expanded Functions Education Program Instructions

When your application for approval of Dental Hygiene expanded functions education program is received by the Department of Health, you will be sent an acknowledgment letter noting receipt, and any outstanding documentation needed to complete the process. This is the only notice you will receive while your application is pending. Applicants are discouraged from calling to check on the status of an application until receipt of this acknowledgment. Your cooperation is requested to permit program staff to prepare your file at the earliest possible time.

To ensure that you have submitted the necessary fees and documentation, we encourage you to use the following checklist: **(Total Fees Due: \$200.00)**

☐ Pay **\$200.00** Application fee. **(All fees are not refundable)**

☐ **Box #1: Demographic Information:**

Name: Please list the program name applying for approval.

Mailing Address: Please identify the address to which you wish all correspondence, including your credential, delivered. This will become your address of record for all Department of Health transactions until we are notified of a change.

Telephone Number: Enter current number where you may be reached during normal business hours.

Social Security Number: Required for licensure under 42 USC 666 and Chapter 26.23 RCW.

Location Address: Please identify the location address if it's different from the mailing address.

Additional Data: This information is required to update the Department's Database, and confirm information from your previous (initial) application.

☐ **Box #2: Curriculum Requirements.** Check the boxes to indicate which requirements your curriculum will require students to demonstrate.

☐ **Box #4: Signature and Notarization.** Required.

☐ Complete the enclosed Self Study Guide, and mail to the address listed on the following page.

Fees must accompany the application and are not refundable.

Applications and fees are to be sent to:

Department of Health
Dental Hygiene Program
PO Box 1099
Olympia, WA 98507-1099

All other inquiries and documents (without revenue) should be directed to:

Department of Health
Dental Hygiene Program
PO Box 47867
Olympia, WA 98504-7867

Telephone: (360) 236-4865

Fax: (360) 664-9077

Office Hours: 8:00 a.m. to 4:30 p.m. Monday through Friday



Health Professions Quality Assurance
P.O. Box 1099
Olympia, WA 98507-1099

FEE DATA (All fees are not refundable)

☐ Application Fee

Credential #

Application For Approval Of Dental Hygiene Expanded Functions Education Program

Please Type or Print Clearly—Follow carefully all instructions provided. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

All applications must be accompanied by the applicable fee. Make remittance payable to the Department of Health.

1. Demographic Information

NAME OF PROGRAM APPLYING FOR APPROVAL

MAILING ADDRESS

CITY

STATE

ZIP

COUNTY

NOTE: Your credentialing document will show this address and all correspondence from the Department will be sent to this address until you notify us in writing of a change. Pursuant to WAC 246-12-310, it is your responsibility to maintain a current mailing address on file with the Department.

TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING **NORMAL BUSINESS** HOURS.)

SOCIAL SECURITY NUMBER (**Required** for license under 42 USC 666 and Chapter 26.23 RCW)

()

— —

LOCATION ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)

CITY

STATE

ZIP

COUNTY

2. Curriculum Requirements

Will your curriculum require the student to demonstrate:

Yes No

- ☐ ☐ a. Didactic and clinical competency in the administration of injections of local anesthetic, which includes:
Infiltration: ASA, MSA, Nasopalatine, and greater palatine.
Block: Long buccal, mental, inferior alveolar and PSA.
- ☐ ☐ b. Didactic and clinical competency in the administration of nitrous oxide analgesia;
- ☐ ☐ c. Didactic and clinical competency in the placement of restorations into cavities prepared by a dentist, and
- ☐ ☐ d. Didactic and clinical competency in the carving, contouring and adjusting contacts and occlusions of restorations.

Continued on back

3. Signature and Notarization

(SEAL)

PROGRAM DIRECTOR (PLEASE PRINT OR TYPE)

SIGNATURE OF PROGRAM DIRECTOR

Subscribed and sworn to before me this _____
day of _____, 20 _____

SIGNATURE OF NOTARY

Notary in and for the state of _____

Residing at _____

My commission expires _____

Official Use Only
Washington State Records Center

Self Study Guide for the Approval of an Expanded Functions Dental Hygiene Education Program

January 2005



DOH 645-091 (REV 3/2005)

"For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388)."

Introduction to the Self Study Guide

The *Self Study Guide* is designed to help an expanded functions Dental Hygiene program present three types of information about itself—descriptive, analytical and supportive documentation—in preparation for an approval visit by the Department of Health. The primary focus of the self study process should be to assess the effectiveness of the educational process in relation to the program's goals and the Department of Health *Approval Standards for Dental Hygiene Expanded Functions Education Programs*.

Programs must respond to all questions included in the *Self Study Guide*. The responses should be succinct, but must in every case provide or cite evidence demonstrating achievement of objectives in compliance with each of the Department of Health *Approval Standards for Dental Hygiene Expanded Functions Education Programs*.

For the Dental Hygiene Expanded Functions educational program, the self study provides an opportunity to:

- A.. Clarify its objectives as they relate to:
 - 1. preparation of dental hygienists;
 - 2. expectations of the dental profession and the public in relation to the education of dental hygienists, and
 - 3. the program's general educational objectives.
- B. Candidly and realistically assess its own strengths and weaknesses in the light of its own stated objectives.
- C. Internalize the process and engage in the kind of self-analysis essential to effective planning and change.
- D. Provide the basis for a more informed and helpful site visit related to the real issues including the strengths and weaknesses of the program.

For the Department of Health, the self study process should:

- A. Ensure that the program has seriously and analytically reviewed its objectives, strengths and weaknesses.
- B. Provide the Department of Health site visitors the basic information about the program and the program's best judgment of its own adequacy and performance.
- C. Ensure that approval process is perceived not simply as an external review but as an essential component of program improvement.
- D. Ensure that the Department of Health, in reaching its approved decisions, can benefit from the insights of both the program and the site survey visits.

Standard 1—Administration

Administrative structure must ensure the attainment of program goals.

Program Administrator

A. Description

1. Provide the name, title, type and length of appointment, professional training and experience of the dental hygiene program administrator.
2. Delineate the administrative duties and authority of the program administrator. Specify any additional commitments that the program administrator has each term, e.g. teaching, administration of other programs. Include time devoted to each.

B. Appraisal and Analysis

1. Assess the program administrator's educational background and occupational experience in terms of the Approval Standards.
2. To what extent does the program administrator have authority commensurate with his/her responsibilities?

Standard 2—Curriculum

The curriculum must be defined in terms of program goals, general and specific instructional objectives, learning experiences designed to achieve goals and objectives and evaluation procedures to assess attainment of goals and objectives.

Analysis of the Curriculum

Content

A. Description

1. List the program's goals and objectives. If a philosophy has been developed for the program, quote the philosophy.
2. Outline the sequence of the dental hygiene expanded functions program curriculum as illustrated in Exhibit 1 example.
3. In a **separate document**, supply the syllabus for each course in the dental hygiene expanded functions program curriculum. Each syllabus should include:
 - a. course title and number;
 - b. general and specific instructional goals and objectives;
 - c. outlines of topics presented and amount of instructional time allocated to each topic;
 - d. learning experiences designed to achieve goals and objectives;

- e. teaching methods;
- f. required text;
- g. evaluation criteria and procedures; and
- h. date prepared.

Include **sample** tests with answers, examinations and skill evaluation forms for each course. The document should include a table of contents; pages should be numbered.

- 4. For each term of the dental hygiene expanded function program, provide a class schedule as illustrated in the Exhibit 2 example. (If a schedule does not extend the entire term, provide supplemental schedules.) Include course number; indicate whether the session is lecture, laboratory or clinic; and provide the names of the instructor(s) responsible.

B. Appraisal and Analysis

Explain the rationale for the overall curriculum sequence.

C. Supportive Documentation

- 1. Separate “Course Outlines” document
- 2. Exhibit 1: Outline of curriculum sequence
- 3. Exhibit 2: Class schedule for each term of the program

Clinical Experience

A. Description

- 1. Specify the performance levels expected at the beginning and end of the dental hygiene students’ clinical experiences.
- 2. List the dental hygiene services and functions that students are taught to perform. Using the format provided in Exhibit 3, state the preclinical and clinical courses which provide the major instruction in each service and function. Also, specify the program requirements for the number of times each student must complete each function.

B. Appraisal and Analysis

- 1. Assess the degree to which the educational program provides students with the background knowledge required to deliver the specific dental hygiene services.
- 2. Assess the extent to which students have attained the level of clinical competence in those procedures they are taught to perform.

C. Supportive Documentation

Exhibit 3: Listing of clinical functions taught in the program.

Standard 4—Faculty

The program shall be staffed by faculty who are qualified in curricular subject matter, dental hygiene functions and educational methodology. Dental hygiene faculty shall hold a current license to practice as a licensed dental hygienist in Washington. Faculty/student ratios for preclinical and clinical sessions should not exceed one to six. Faculty to student ratios for laboratory sessions in dental science courses should not exceed one to eight.

Supportive documentation

- A. Submit faculty profile, listing faculty teaching dental hygiene courses, degrees, areas of expertise and experience and courses taught. List current clinical practice experience.
- B. What are the current or anticipated faculty/student ratios during the laboratory, preclinical and clinical sessions?

Standard 5—Facilities

Physical facilities and equipment must be adequate to permit achievement of dental hygiene program objectives. Classrooms, laboratories and clinical facilities shall be available and shall be adequate in size, number and type according to the number of students and the educational purposes for which the rooms are to be used.

Facilities shall effectively accommodate the number of students, faculty and staff and include provisions for safety.

Supportive Documentation

- A. Provide description of classrooms, laboratories and clinical facilities and evaluate their adequacy to meet needs of the program.

Standard 6—Learning Resources

A wide range of printed materials and instructional aids and equipment shall be available for utilization by students and faculty. Physical facilities, hours, scope and currency of learning resources shall be appropriate for the purpose of the program and for the number of faculty and students. Periodic evaluations of resources shall be conducted.

Library

Description

- A. Provide descriptions of library facilities, hours, scope and currency of learning resources.
- B. Provide statement describing the process for evaluating resources and how often it will occur.

Standard 3—Admissions

Admissions of dental hygiene students to the expanded functions program must be based upon specific criteria, procedures and practices.

Criteria

A. Description

1. List admission criteria for the expanded function dental hygiene program. Are the criteria weighted? If so, explain.
2. Describe the process for selecting dental hygiene students. Indicate names and titles of individuals participating in the selection process.
3. How are applicants informed about the program's criteria and procedures for admission, program goals, functions performed by dental hygienists?
4. If students are admitted who do not meet the program's admission criteria, what academic strengthening is provided in the area(s) of deficiency(ies)? When and by who, will the remediation be provided?

B. Appraisal and Analysis

1. Evaluate the admission criteria in terms of its ability to identify students with the potential for completing the curriculum and performing the specific dental hygiene functions with competence and efficiency.
2. Assess the admission criteria and procedures in terms of legal ramifications, e.g. affirmative action, selection by interview, confidentiality of student records.
3. Evaluate whether the program has the necessary faculty, facility and financial resources and scheduling flexibility to accommodate students who do not meet the admission criteria jeopardizing learning experiences of other students.

Advanced Standing

A. Description

1. Describe the policies and methods for awarding advanced standing credit to students.
2. Indicate the type of courses for which advanced standing is granted and the maximum number of credits that can be awarded.

B. Appraisal and Action

Appraise the policies and methods used to assure that students exempted from courses in the expanded function dental hygiene curriculum have met achievement standards which equal or exceed those expected of students who successfully completed the courses.

Instructional Resources

A. Description

1. Briefly describe the instructional aids used in the program, i.e. anatomical models, replicas, slides and films which depict current techniques.

Standard 7—Students

Instructional policies and procedures to protect and serve students must be established and implemented.

A. Description

1. Provide information concerning the institution's ethical standards and policies which protect students as consumers. What avenues for appeal and due process have been established?
2. Describe the manner in which records of student work in the program are maintained.
3. Describe the way in which confidentiality of and access to student records is provided.
4. What provisions have been made for student liability insurance?

B. Appraisal and Analysis

1. To what extent do student records reflect work accomplished during the program?

Standard 8—Assess Outcomes

The program must regularly evaluate the degree to which its goals are being met through a formal assessment of outcomes.

Approved programs must design and implement their own outcome measures to determine the degree to which their stated goals and objectives are met.

Description

- A. How, when and by whom are the program's goals reviewed, evaluated and revised?
- B. Describe the outcome measures which are utilized to determine the degree to which these stated goals and objectives are being met.
- C. Document the assessment methods utilized and evaluation criteria. Include examples, i.e., survey instruments, statistics, students' performance, etc.

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Exhibit 1 Example

Outline the sequence of the dental hygiene curriculum as illustrated below.

Course		Credit*	Clock Hours/Week			Faculty/Student Ratio			Faculty Person
Number	Course Title	Hours	Lect.	Lab	Clinic	Lect.	Lab	Clinic	Responsible
First Term:									
** BOI-105	Anatomy & Physiology I	4	3	3	0	1:30	1:30	—	Dr. Grey
** CHE-105	Chem.-Health Sciences	4	3	3	0	1:30	1:30	—	Mrs. White
DEH-107	Dental Anatomy: Histology	3	2	3	0	1:30	1:15	—	Mr. Doe
DEH-117	Preventive OHS I	4	2	6	0	1:30	1:6	—	Mr. Black
DEH-128	Dental Radiology	2	3	2	0	1:30	—	—	Mr. Doe
[DH-140	First Aid	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	1:30	—	—	Mrs. Nelson
		18	14	17	0				
Second Term:									
** BIO-106	Anatomy & Physiology II	4	3	2	0	1:30	1:30	—	Dr. Olson
** BIO-108	Microbiology	4	3	3	0	1:30	1:30	—	Mrs. White
DEA-113	Radiology II	2	1	3	0	1:30	1:6	—	Mrs. Green
DEH-105	Dental Materials	2	1	3	0	1:30	1:15	—	Mr. Doe
DEH-106	Elements of Nutrition	1	3	2	0	1:30	—	—	Mr. Adams
DEH-119	Preventive OHS II	4	2	0	8	1:30	--	1:6	Mr Doe
[DH-140	First Aid	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	1:30	—	—	Mrs. Nelson
		18	12	11	8				

Third Term:

Fourth Term:

Total Number of Credit Hours _____

Transferable Credit Hours _____

* If the institution does not assign credit hours, do not complete this column.

** Denotes college transfer

Exhibit 2 Example

For each term provide a class schedule of the current year's dental hygiene curriculum as illustrated below. (If a schedule does not extend through the entire term, include supplementary schedules.) Include course number; indicate whether the session is lecture or laboratory; and provide the name(s) of the faculty member(s) responsible.

Term _____ 20 _____

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
9:00	A&P I 105 Lec. Dr. Grey	Chem. 105 Lec. Mrs. White	A&P I 103 Lec. Dr. Grey	Prev. Oral Serv. 117 Lec. Mr. Black	A&P I 105 Lec. Dr. Grey
10:00	Dent. Anat. 107 Lec. Mr. Doe		Dental Anat. 107 Lec. Mr. Doe		Dental Rad. 128 Lab Mr. Doe
11:00	Dent. Rad. 128 Lec. Mr. Doe		Dent. Rad. 128 Lec. Mr. Doe		Dental Rad. 128 Lec. Mr. Doe
1:00	Dent. Rad. 128 Lab Mr. Doe	A&P 105 Lab Dr. Gray		Dent. Anat. 107 Lab Mr. Doe	
2:00	Chem. 105 Lec. Mrs. White		Chem. 105 Lec. Mrs. White		Chem. 105 Lec. Mrs. White
3:00	Prev. Oral Serv. I 117 Lab Mr. Black		Prev. Oral Serv. I 117 Lab Mr. Black		Prev. Oral Serv. I 117 Lab Mr. Black
4:00		First Aid 140 Lec. Mrs. Nelson			
5:00					

Exhibit 3 Example

Using the format illustrated below, list the preclinical and clinical courses which provide the major instruction in the clinical functions taught in the program. Provide the program requirements and the most recent dental hygiene class's average for performing each function identified.

[illegible]

Example of Goals and Objectives

Local Anesthetics/Anesthesiology

Goal: Administer and/or utilize the appropriate local anesthetic solution, technique and procedures as indicated by patient needs which ensure maximum patient health, safety, comfort, and achieve the desired anesthesia result.

1. Describe the anatomy of the head and neck region pertinent to dental local anesthetic intraoral injections.
2. Describe the pathway of all pertinent nerves which anesthetize the oral cavity from the origination site in the brain to their specific innervated tissues.
3. Discuss the difference between afferent and efferent nerve fibers and the tissues innervations in the head and neck region.
4. Describe the anatomical landmarks, vessels and nerves associated with local anesthetic injections including:
 - a. (PSA)—Posterior Superior Alveolar
 - b. (MSA)—Middle Superior Alveolar
 - c. (ASA)—Anterior Superior Alveolar
 - d. Infraorbital
 - e. (NP)—Nasopalatine
 - f. Greater Palatine
 - g. (IA)—Inferior Alveolar
 - h. (LB)—Long Buccal
 - i. Lingual
 - j. Mental and Incisive
5. Discuss the pharmacology and mechanism of action of commonly-used topical and local anesthetic solutions.
6. Discuss the medical, dental, physiological and psychological indications and contraindication of topical and local anesthetic selection and utilization.
7. Discuss the tissues anesthetized by the commonly used injections and infiltrations.
8. Discuss and properly assemble all local anesthetic armamentarium, including safe and effective handling, maintenance of sterile environments and selection of equipment appropriate to the needs of patients and the injections to be administered on all clinical patients.

9. Discuss the symptoms of all medical emergencies and/or allergic reactions which may occur during local anesthetic administration, including precautions and treatment procedures which should be taken.
10. Recognize anesthetic complications and perform necessary procedures to handle emergencies when they arise.
11. Discuss the anesthetic duration time of various solutions and the determining factors which influence the duration time.
12. Discuss the factors which determine the amount of anesthetic solution which can be administered on any given patient.
13. Demonstrate and administer the following anesthetic injections on clinical patients utilizing proper techniques, including anatomical palpation, anesthetic selection, insertion pathway and deposition procedures:

Infiltration: ASA, MSA, Nasopalatine, greater palatine.

Block: Long buccal, mental, inferior alveolar and PSA.

Example of Goals and Objectives

Nitrous Oxide—Oxygen Analgesia

- Goal: Discuss and demonstrate the principles of nitrous oxide—oxygen analgesia administration to designated patients, utilizing knowledge of the physiological and pharmacological effects, analgesic actions and reactions, equipment functions and operations and recognizing appropriate safety procedures.
1. Describe the methods of obtaining patient medical histories including individual physical and psychological profiling of patients.
 2. Demonstrate ability to thoroughly and accurately complete patient medical histories and physiological and psychological profiling.
 3. Discuss the physical and chemical properties of nitrous oxide—oxygen analgesia.
 4. Describe the anatomy and physiology of the respiratory, cardiovascular and central nervous systems as they relate to nitrous oxide—oxygen analgesia administration.
 5. Discuss the indications and contraindications in utilizing nitrous oxide—oxygen analgesia on patients with varying medical, physiological and psychological conditions.
 6. Discuss the purpose and demonstrate the use of the basic nitrous oxide—oxygen analgesia inhalation equipment including the demand flow and continuous flow units.
 7. Discuss the advantages and disadvantages on inhalation sedation using nitrous oxide—oxygen analgesia sedation.
 8. Describe the symptoms which may be exhibited by patients being administered nitrous oxide—oxygen analgesia.
 9. Discuss and demonstrate knowledge of the percentage of nitrous oxide concentration delivered when provided with specific volumes of nitrogen and/or oxygen.
 10. Discuss the methods of informing patients about the purposes of nitrous oxide—oxygen analgesia and the symptoms which they may experience during the administration of the analgesia.
 11. Discuss the emergencies which may arise during the administration of nitrous oxide—oxygen analgesia and demonstrate the knowledge and procedures required to appropriately deal with any emergency situation.
 12. Administer nitrous oxide-oxygen analgesia to patients in clinical settings in a safe and effective manner.

Example of Goals and Objectives

Restorative

Goal: Prepare, utilize and place restorative materials, including cements, bases and liners, with consideration for the health and welfare of the patient, periodontium and functioning longevity of the teeth and dentition.

1. Discuss the physical, biological and chemical properties of commonly used restorative materials, including cements, bases, liners and temporary restorative materials.
2. Describe the functional anatomy of all teeth including essential anatomical characteristics, embrasure requirements and occlusal considerations.
3. Demonstrate competence in placing matrices, wedges, rubber dams and clamps to insure dry field isolation for all teeth being restored.
4. Demonstrate competence in mixing and placing cements, bases, liners, varnishes and temporary restorative materials.
5. Demonstrate clinical competence in placing matrices and wedges, insuring correct adaptation, contour and contact with adjacent teeth.
6. Demonstrate clinical competence in the manipulation, placing, carving and polishing amalgam restorative materials, utilizing recommended safety procedures and considering form, function, contact and occlusion.
7. Demonstrate clinical competence in the manipulation, mixing, placing, and finishing of composite and tooth colored restorations with proper consideration to correct shade selections, adaptation, contour, contact and occlusion.